

involved in assisting me on the Armed Services Subcommittee on Strategic Forces, which I chair. He has provided me with valuable oversight of hazardous and radiological waste programs at DOD and DOE facilities.

Jeff's philosophy as Commissioner will be that the NRC cannot take a solitary role in maintaining full public confidence in the safety of nuclear power. He has said that the nuclear industry must also assume equal responsibility for taking the steps necessary to maintain the trust of the American public.

Mr. President, Jeff has done a great job for me over the years. Although I'm sorry to lose him from my staff, I'm confident that he will provide the NRC with the talents necessary to ensure adequate protection of the public health and safety, the common defense and security, and the environment in the use of nuclear materials in the United States. Jeff is a bright, dedicated and articulate individual who will serve the nation with distinction. I strongly recommend him for the position of U.S. Nuclear Regulatory Commissioner and urge my colleagues to do the same. Thank you, Mr. President.

#### HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF 1998

Mr. FRIST. Mr. President, I rise to address the Senate today on the passage of the Health Professions Education Partnerships Act of 1998. This bill reauthorizes the programs funded through Titles VII and VIII of the Public Health Service Act. These programs are intended to increase access to primary care and to improve the distribution of members of the health professions—physicians, dentists, pharmacists, nurses, and others—to underserved areas. For many years, this legislation has helped our nation's schools of health serve the needs of their communities better and prepare the health care practitioners of the future. This bill provides a comprehensive and flexible authority to support training programs for health professions and related community-based educational partnerships. It will improve the quality, diversity, and distribution of the workforce.

The Senate has worked diligently on this effort for the past four years. Reauthorization has been a priority since the authority expired for Title VII programs in 1995 and for Title VIII programs in 1994. In 1995, Senators Kassebaum, KENNEDY, and I introduced S. 555 to take the 44 programs involved and consolidate them into six groups or clusters. Performance outcomes and improved data collection were added. This approach was used to streamline the granting process, and to allow the Department of Health and Human Services greater flexibility to leverage areas of development; and to align with community workforce needs. It also provided flexibility for strategic planning of the workforce supply, and in-

sured that a greater percentage of program dollars would go directly to grantees versus federal administration.

After this bill, S. 555, passed in the Senate but failed to pass in the House during the 104th Congress, I identified areas of disagreement and developed ways to address these obstacles. At a hearing in April 1997, I had the opportunity to listen to concerned groups and outline possibilities for compromise. My staff has worked very hard to maintain a high level of input from constituency groups. We worked with the Congressional Hispanic Caucus to address their concerns. We worked to ensure that this bill lived up to the goal of increasing the number of underrepresented minorities in the health professions. We are very pleased that the Congressional Hispanic Caucus supports S. 1754.

This bill enjoys broad support in the medical and public health community. The bill is supported by a broad range of professional societies for physicians, nurses, pharmacists, psychologists, dentists, and others.

S. 1754 establishes a program with the flexibility to respond to changes in the workforce. Flexibility is built into the bill over time. As funding lines change, the Secretary's authority to move funds across program lines increases. This revision will allow programs to address the constantly changing health care needs of communities and respond to the changes in the health care delivery system.

Since so much of the Act's flexibility is based on the discretion of the Secretary, we have added advisory councils to ensure that the view points of those providing medical services are considered. This will generate confidence among the grantees and encourage collaboration between agency officers and the programs they manage. In addition, these councils will report back to Congress to ensure oversight of these programs.

However, flexibility alone will not result in successful targeting of resources. As noted by the Government Accounting Office in testimony to the Senate Labor Subcommittee on Public Health and Safety in April 1997, federal efforts should be based on performance measures and achievement of goals. The Secretary of Health and Human Services will ensure that there is an annual evaluation of programs and projects funded through this legislation.

It was very important to maintain the distinct and separate funding for nurse education—Title VIII, the "Nursing Education and Practice Improvement Act of 1998." We wanted to increase the flexibility of the Department of Health and Human Services to target funding and to respond to the nursing workforce needs of a rapidly changing health care system. S. 1754 strengthens the role of the National Advisory Council on Nursing Education and Practice. We rewrote the duties of the Council so that it not only provides

advice and recommendations to the Secretary and the Congress but also to report its findings and recommendations annually. In addition, S. 1754 specifies that the Council include representatives of advanced practice nursing groups, including nurse practitioners.

The bill specifically states that authorized nurse practitioner programs have as their objective the education of nurses who will provide primary health care. For advanced practice nurse traineeships, the Secretary shall give special consideration to those programs that agree to train advanced practice nurses who will practice in health professional shortage areas. The amendment proposed and passed by the House further clarifies how funding for training for nurse midwives, nurse practitioners, and nurse midwives will be allocated. The Department of Health and Human Services, in consultation with individuals in the field of nursing, will develop a methodology, based on data, to allocate training funds. The data for this methodology will include the need for and distribution of services among underserved populations and health professional shortage areas, and the percentage of the population that are minorities, elderly, or below the poverty level. The methodology will be in place by fiscal year 2003. Until the methodology is developed, the funding for nurse practitioners, nurse midwives, and nurse anesthetists will be "held harmless". The House amendment also clarifies the use of the definition of an advanced practice nurse in S. 1754.

Mr. President, this bill creates new partnerships and supports existing ones. It represents the best example of team work among interest groups, agencies and legislators. Through the goals of improving the distribution and quality of health professions in underserved areas and of simplifying the administration of existing programs, this bill fosters change. The Health Professions Education Partnerships Act of 1998 will help underserved areas meet their future health care needs.

Mr. President, I am proud of our work. I would like to take this opportunity to specifically thank, Senators KENNEDY, JEFFORDS, and BINGAMAN, and all their staffs for their efforts to work with us on this bill. I would also like to thank the interest groups which gave so generously of their time and support to help us address the issues involved. Mr. President, I especially thank Dr. Mary Moseley, Dr. Carol Pertowski, Dr. Debra Nichols, and Sue Ramthun of my staff for their dedication and hard work toward the reauthorization of these programs.

#### THE WOMEN'S BUSINESS NETWORK

Mr. CAMPBELL. Mr. President. I take this opportunity to call my colleagues' attention to the role of women owned businesses in our economy, and

particularly in Colorado. The Business Women's Network (BWN), which is a network of 1200 women's associations working in concert to expand all women's inclusion in business development, is helping towards that end. Tonight, the BWN will be hosting an event to honor its members and the many structures which serve the development of women's business.

Colorado enterprises which embody well-developed and successful business ventures include: the Colorado Women's Business Office, which represents more than 75,000 women and 50,000 girls; the Denver Women's Business Network; the Casa Career Development and Business Center for Women; the Southern Colorado Women's Chamber of Commerce; the University of Colorado Women's Resource Center; the Women Owner, Managers and Executive Network of Colorado Springs; the Women's Foundation of Colorado; the Women's Library Association in Denver, and many others. Colorado's success in identifying and nurturing a strong base of women owned businesses provides a model for other states seeking to conquer the spectrum of needs and obstacles that confront women entrepreneurs.

National recognition is in order. Last year, the women-owned businesses in the Denver metro area had the highest regional growth rate in the country, at 57%. Both employment and sales increased four-fold. The translation for Coloradans is easy. As a state, we enjoy more than 77,600 women-owned businesses that provide jobs for almost 208,000 people, to the tune of \$23 billion in annual sales.

The Business Women's Network is important because it profiles all women's groups, both nationally and globally, in salute of their achievements. Today, I wish to single out for special honor the solid foothold women's business has in Colorado's unparalleled economy. I also want to encourage the continued efforts of BWN—the strong presence of women in our world economy cannot be emphasized enough.

#### WHITE RIVER JUNCTION VA CENTER—60 YEARS OF EXCELLENCE

Mr. JEFFORDS. Mr. President, I rise today to pay tribute to the Department of Veterans Affairs (VA) Hospital and Regional Office Center of White River Junction, Vermont. October 16 marks this facility's sixtieth anniversary. For six decades it has provided compassionate, high-quality service to Vermont and New Hampshire Veterans.

On October 16, 1938, an elaborate dedication ceremony was held in White River Junction at the newly completed VA hospital. The next day, the first patient was admitted. In an unusual move, the regional VA office relocated its offices from Burlington to the White River Junction location to better serve veterans in processing their claims for benefits. The facility gradually grew over the years. By the end of

World War II, 26 "Quonset" huts had to be erected to provide space for the rapidly expanding veterans programs, increasing the hospital's capacity to 250 beds.

In 1946, the VA hospital entered into an agreement with Dartmouth Medical School to become a teaching hospital, an arrangement that continues and thrives today. Recognizing the importance of research programs, in 1954, the VA, in partnership with Dartmouth Medical School, launched a medical research initiative. The research function was significantly expanded in 1992 with the completion of a research and education facility that enabled the hospital to perform medical and health services research, rehabilitation and cooperative studies. In addition to these critical fields of study, this facility is helping veterans make more informed choices about their medical treatment through cutting edge outcomes research.

From 1971 through 1981, several construction projects were undertaken to modernize and expand the hospital. In 1989, the VA began its venture of providing community-based outreach centers (CBCs) to meet veterans' primary care needs in locations closer to their homes. A outreach clinic was opened in Burlington, and based on the success of this project, a community clinic was opened in Bennington earlier this year.

The White River Junction VA center has also done an exemplary job of meeting more than just the veterans' health care needs. Vermont veterans are also very fortunate to have, under the same roof, a very capable group of people to assist them with their benefit needs. The staff is small but mighty when it comes to their advocacy for veterans and I greatly appreciate the assistance they have provided Vermont veterans, for more than half a century, as well as to my office for the past 20 years.

In closing, Mr. President, I want to publicly thank all of the unsung heroes associated with this tremendous facility. They know who they are—the director of this facility, Gary DeGasta; the dedicated staff at the hospital and regional office; the Veterans Service Organizations who donate so much time and money to help provide for veterans; and, of course, the veterans, who for 60 years have supported the mission of this fine facility with their continuous patronage.

To my friends at the VA in White River Junction—Happy Anniversary. May you have many more.

#### IN SUPPORT OF SUBSTITUTE TO H.R. 3433

Mr. GRASSLEY. Mr. President, I rise today in support of the amendment in the form of a substitute to H.R. 3433.

Many people with disabilities who have been out of the workforce are eager to return to work. However, because of the risks of losing cash benefits and health insurance provided

through the Social Security Disability Insurance program and the Supplemental Security Income program many beneficiaries are discouraged from entering or re-entering the workforce. The intent of these programs was never to demoralize or dishearten Americans who are ready, willing and able to work. We must look at ways to overcome this attitude.

Thanks to the disability reform proposal developed by Senator JEFFORDS and Senator KENNEDY many of the barriers facing people with disabilities will be addressed. Several provisions in the Jeffords-Kennedy substitute to H.R. 3433 tackle the problems of loss of cash benefits and health insurance which can prevent beneficiaries from being able to support themselves once they begin working. The substitute legislation would provide working individuals with disabilities access to additional services under the Medicaid program, such as personal assistance and prescription drugs. These services are vital to many people on SSDI and SSI. Furthermore, this proposal would provide improved access to rehabilitation opportunities for beneficiaries of both the SSI and SSDI programs.

The most encouraging parts of this proposal are those that eliminate work disincentives and facilitate self-sufficiency among those with disabilities. This legislation prohibits using work activity as the only basis for triggering a continuing disability review. Moreover, the proposal put forth by my colleagues, Senator JEFFORDS and Senator KENNEDY, would expedite the process of eligibility determinations of individuals who have been on disability insurance but who lost it because they were working. Also, the Jeffords-Kennedy substitute creates incentives for both disabled beneficiaries and providers of vocational rehabilitation to secure jobs for those who want to work. It is my hope that this will eliminate shuffling these people from vocational rehabilitation programs to state programs without them being able to make any real progress.

Finally, I want to say how glad I am to see that a component of the Jeffords-Kennedy substitute includes a proposal to ensure that local prisoners will not receive Social Security Disability Insurance benefits. I sponsored legislation in the beginning of the 105th Congress to prevent this needless waste of taxpayer dollars by closing a loophole in the law. Criminals should not be allowed to "double dip" and receive Federal money earmarked for the purchase of food and clothing while they are part of a prison system which provides these necessities already. This proposal would protect the financial soundness of the Social Security Disability Insurance program for the people it is meant to assist.

The work Senator JEFFORDS and Senator KENNEDY have put forth on this bill characterizes the bipartisanship necessary to pass the proposal into law. I am glad to lend my support to